

---STATE USE ONLY---

Date Received

Date Approved

CONTINUATION GRANT PLAN FOR 2006-2007 GREAT PARENTS, GREAT START PROGRAM GRANTS

PART A. GRANTEE

GRANTEE (Intermediate School District)	Name of Intermediate School District	Federal ID Number	Telephone (Area Code)
	Address	City	Zip Code
		County	Fax

PRIMARY CONTACT PERSON	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

SECONDARY CONTACT PERSON	Name of Contact Person		Telephone (Area Code)
	Address	City	Zip Code
	E-Mail Address		Fax

GRANT FUNDS REQUESTED: \$ _____ (Not to exceed 150.33% of the District's 2005-2006 Section 32j payment.)
PRIOR YEARS' CARRYOVER REMAINING (AS OF 10/1/06): \$ _____

☒ PLEASE PROVIDE THE INFORMATION REQUESTED USING THIS FORM ONLY.

ASSURANCES AND CERTIFICATIONS: By signing this assurances and certification statement, the grantee certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on page 1a, and will comply with all state and federal regulations and requirements pertaining to this program. The grantee certifies further that the information submitted on this plan is true and correct.

SIGNATURE OF
SUPERINTENDENT _____ DATE: _____

TYPED NAME: _____ TELEPHONE () _____

MAILING INSTRUCTIONS: The ORIGINAL and ONE (1) copy of this plan must be RECEIVED at the STATE address indicated above by SEPTEMBER 29, 2006.

PART A (Continued): ASSURANCES AND CERTIFICATIONS

--STATE PROGRAMS--

INSTRUCTIONS: Please attach ALL assurances to the plan.

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: "These materials were developed under a grant awarded by the Michigan Department of Education."

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The grantee hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

Grantee agrees to comply with all applicable requirements of all state statutes, federal laws, executive orders, regulations, policies, and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or the matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100% of any payment based on a monitoring finding, audit finding or pending final report.

IN ADDITION:

This project/program will not supplant nor duplicate an existing early childhood or family development program.

SPECIFIC PROGRAM ASSURANCES

Grantee agrees to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes in to compliance or matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100 percent of any payment based on a monitoring finding, audit finding or pending final report.

The following provisions are also understood by the recipient of the grant should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Office of Early Childhood Education and Family Services administrator of the Michigan Department of Education.
3. Grantee agrees to forward one half of percent of the designated grant amount for statewide evaluation activity.
4. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
5. Payments made under the provision of this grant are subject to audit by the grantor.

SIGNATURE OF ISD SUPERINTENDENT

DATE

PART B. YEAR 2006-2007 CONTINUATION PLAN

APPLICANT: _____

See instructions for elements of the project plan. Use the following forms found on pages 2-8 and no more than four additional pages, for a total of 11 pages to address all required narrative information requested in both chart and narrative form.

Part B-1: Role of Community Partners in Collaboration – Chart 1

	Partner Agencies/Groups	How Involved				
		Shared Project Leadership	Joint Project Decision Making	Project Planning & Assessment	Shared Resources	Other Activities – Outreach, Referral, Service Delivery
Community Organization						
LEAs						
ISD (ex. <i>Early On</i> ®, Special Education)						

PART B. YEAR 2006-2007 CONTINUATION PLAN (continued)

APPLICANT: _____

Part B-2: Services to Families and Children

1. Describe the project's alignment with the community early childhood collaborative's plans to ensure Great Parents, Great Start is part of the broader community plan.
2. Describe how the project will provide universal and targeted opportunities and services to families related to each of the six project components identified in the legislation.

PART B. YEAR 2006-2007 CONTINUATION PLAN (continued)

APPLICANT: _____

3. Service Intensity for Specific Populations – Chart 2

Type of Service	Description of Population and Anticipated Numbers	Age of Children	Dosage/Frequency of Service to Individual Families	Estimated Costs to Provide These Services
1. Universal Low-Intensity Services				
2. Targeted High-Intensity Face-to-Face Services				

4. Briefly describe how the plan will provide a balance of funding between universal and targeted services so that universal services do not deplete the majority of grant dollars.

5. Regarding quality preschool connections, describe how the quality of preschools was determined and how connections to high-quality programs will occur for families with three- and four-year-old children.

PART B. YEAR 2006-2007 CONTINUATION PLAN (continued)

APPLICANT: _____

Part B-3: Project Goals and Outcomes

Universal Services:

Program Goal & Outcome 1	Goal:
	Outcome:
Program Goal & Outcome 2	Goal:
	Outcome:
Program Goal & Outcome 3 (optional)	Goal:
	Outcome:

PART B. YEAR 2006-2007 CONTINUATION PLAN (continued)

APPLICANT: _____

Part B-3: Project Goals and Outcomes (continued)

Targeted Services:

Family Goal & Outcome 1	Goal:
	Outcome:
Family Goal & Outcome 2	Goal:
	Outcome:
Child Goal & Outcome 1	Goal:
	Outcome:

PART B. YEAR 2006-2007 CONTINUATION PLAN (continued)**APPLICANT:** _____**Part B-4: Qualifications of Staff Providing Services to Families**

Identify all staff who provide educational services to families, including individuals who create local child development materials and resources. Duplicate this form as necessary to provide information on all direct service staff funded as part of the Great Parents, Great Start initiative (state and in-kind).

Individual's Name/ Agency	Role with Families	Early Childhood Training
1		<input type="checkbox"/> Academic Credit <ul style="list-style-type: none"> <input type="checkbox"/> Individual course work in birth to 5 child development or early childhood education <input type="checkbox"/> AA degree or higher in Child Development or Early Childhood Ed. <input type="checkbox"/> Elementary teaching certification with a ZA endorsement <input type="checkbox"/> Parent Educator Certification at birth-five level Certification Name _____ <input type="checkbox"/> Does not meet requirement. Needs Professional Development Plan approved.
2		<input type="checkbox"/> Academic Credit <ul style="list-style-type: none"> <input type="checkbox"/> Individual course work in birth to 5 child development or early childhood education <input type="checkbox"/> AA degree or higher in Child Development or Early Childhood Ed. <input type="checkbox"/> Elementary teaching certification with a ZA endorsement <input type="checkbox"/> Parent Educator Certification at birth-five level Certification Name _____ <input type="checkbox"/> Does not meet requirement. Needs Professional Development Plan approved.
3		<input type="checkbox"/> Academic Credit <ul style="list-style-type: none"> <input type="checkbox"/> Individual course work in birth to 5 child development or early childhood education <input type="checkbox"/> AA degree or higher in Child Development or Early Childhood Ed. <input type="checkbox"/> Elementary teaching certification with a ZA endorsement <input type="checkbox"/> Parent Educator Certification at birth-five level Certification Name _____ <input type="checkbox"/> Does not meet requirement. Needs Professional Development Plan approved.
4		<input type="checkbox"/> Academic Credit <ul style="list-style-type: none"> <input type="checkbox"/> Individual course work in birth to 5 child development or early childhood education <input type="checkbox"/> AA degree or higher in Child Development or Early Childhood Ed. <input type="checkbox"/> Elementary teaching certification with a ZA endorsement <input type="checkbox"/> Parent Educator Certification at birth-five level Certification Name _____ <input type="checkbox"/> Does not meet requirement. Needs Professional Development Plan approved.

PART B. YEAR 2006-2007 CONTINUATION PLAN (continued)

APPLICANT: _____

Part B-5: Evaluation and Data Collection

Describe the grantee's willingness to take part in a state evaluation and meet all data collection requirements, including those related to community partners.

PART C-1. STATUS OF PRIOR YEARS' GP,GS CARRYOVER

INSTRUCTIONS: Indicate the carryover status of all prior GP,GS funding years as of October 1, 2006. Prior years' carryover funds, which are budgeted through a separate process, must be used before FY 2006-2007 can be accessed.

APPLICANT: _____

☐ Funding from all prior years' funding has been expended. As no carryover remains, FY 2006-2007 will be expended starting fall 2006.

☐ Prior years' GP,GS carryover funds remain. Indicate which year(s) still have carryover:

☐ 2003-2004 Carryover funds remain –

- The amount remaining as of October 1, 2006: _____
- The ending date for this carryover: _____
- These funds will be used for: _____

☐ 2004-2005 Carryover funds remain –

- The amount remaining as of October 1, 2006: _____
- The ending date for this carryover: _____
- These funds will be used for: _____

☐ 2005-2006 Carryover funds remain –

- The amount remaining as of October 1, 2006: _____
- The ending date for this carryover: _____
- These funds will be used for: _____

☐ Date FY 2006-2007 funds will need to be accessed to provide GP,GS services: _____

PART C-2. BUDGET SUMMARY FOR GREAT PARENTS, GREAT START FY 2006-2007 FUNDS

IM-02-66
(Page 10)

INSTRUCTIONS: The Budget Summary (a) and the Budget Detail (b) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022). The budget should show how FY 2006-2007 funds will be spent from October 1, 2006 through either September 30, 2007 or a given carryover period. NOTE: Function codes in the 100 series are not used for GP,GS activities.

a. BUDGET SUMMARY

LEGAL NAME OF INTERMEDIATE SCHOOL DISTRICT					
ISD CODE (5 Characters)			PROJECT TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Carryover	ENDING DATE (mm/dd/yy) <div style="display: flex; justify-content: space-around;"><div><input type="text"/> <input type="text"/></div><div><input type="text"/> <input type="text"/></div><div><input type="text"/> <input type="text"/></div></div>	FY of Approved Activity <div style="text-align: center; font-size: 1.2em;">2 0 0 7</div>

FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	<u>TOTAL</u>
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
130	Instruction --- Adult/Continuing Education							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
400	Outgoing Transfers & Other Transactions							
	TOTAL AMOUNT TO BE EXPENDED							
	-----TOTAL EXPENDITURES							A)

b. BUDGET DETAIL---Must be provided Explain each line item, including cash and in-kind match that appears on the Budget Summary, using the indicated function code and title, on a parts C-3 and C-4.	<u>TOTAL AMOUNT REQUESTED UNDER SECTION 32j</u> \$ _____	<u>FUNDING:</u> Department of Education Share of Expenditures Local Share of Expenditures (Block A Minus Block B)	B) C)
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_____ DATE	_____ BUSINESS OFFICE REPRESENTATIVE (Type or Print)	_____ SIGNATURE
_____ DATE	_____ PROJECT CONTACT PERSON (Type or Print)	_____ SIGNATURE
_____ DATE	JACQUELINE A. WOOD M.D.E. CONTACT PERSON (Type or Print)	_____ SIGNATURE

[illegible]

PART C-4. BUDGET--Continued

3. Sources of Local Match

Indicate below the entity that is providing and the specific source of the matching funds shown on the budget detail. List each organization that has provided match along with the total amount of cash and in-kind match for each.

Entity Providing Match (Ex. XYZ District)	Specific Source of Match (e.g., Title I parent involvement)	Match Amount Provided		
		Cash	In-Kind	Total
Grand Total of Match				

PART C-5. FURTHER DETAIL FOR OUTGOING TRANSFERS
(Related to Function Code 400)

Agency Receiving Funds: _____

Description of Anticipated Expenses	MDE Funds	Agency Match Funds		Total Funds
		Cash	In-Kind	
Grand Totals				

Agency Receiving Funds: _____

Description of Anticipated Expenses	MDE Funds	Agency Match Funds		Total Funds
		Cash	In-Kind	

Agency Receiving Funds: _____

Description of Anticipated Expenses	MDE Funds	Agency Match Funds		Total Funds
		Cash	In-Kind	

Grand Total of All Agencies				
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PART D. SUPPORT OF COMMUNITY COLLABORATIVE
(FORMERLY MULTIPURPOSE COLLABORATIVE BODY (MPCB))
Due September 29, 2006 to MDE

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2006-2007 and hereby support the program:

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

ADDITIONAL COMMUNITY COLLABORATIVE STATEMENTS OF SUPPORT
FOR APPLICATIONS SERVING A MULTI-COUNTY REGION

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2006-2007 and hereby support the program:

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2006-2007 and hereby support the program:

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

Our Community Collaborative has been and will continue to be involved in the collaborative effort of the Great Parents, Great Start program. We have reviewed the GP,GS continuation plan for 2006-2007 and hereby support the program:

SIGNATURE OF CHAIR

NAME OF COMMUNITY COLLABORATIVE

DATE _____ COUNTY(IES) SERVED _____

PART E. ASSURANCE OF COMMITMENT TO COLLABORATE
Due September 29, 2006 to MDE

NAME OF APPLICANT (INTERMEDIATE SCHOOL DISTRICT): _____

It is my understanding that the above named applicant plans to submit a 2006-2007 Great Parents, Great Start Grant (GP,GS) continuation application available through the Michigan Department of Education. There is a continuing need for such a program in this area, and a representative of my agency/organization/program will collaborate with the above named ISD in joint planning, decision making, implementation and leadership of the Great Parents, Great Start Program.

SIGNATURE OF EXECUTIVE DIRECTOR, SUPERINTENDENT OR AUTHORIZED OFFICIAL

DATE

NAME AND TITLE (Of Person Signing Above)---PRINT or TYPE

NAME OF AGENCY

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (Including Area Code)

STATEMENT OF THE ABOVE AGENCY/ORGANIZATION/PROGRAM'S COLLABORATIVE RELATIONSHIP TO THE PROJECT:

A. Our organization has been involved in this year's Great Parents, Great Start collaboration application process in the following manner (check all that apply):

- ☐ Participated in the joint planning for this year's grant project.
☐ Participated in the collaborative decision-making process with the ISD related to this coming year's implementation.
☐ Shared leadership with the ISD on the grant's plan and application.
☐ Other: _____

B. Our organization will collaborate during the upcoming 2006-2007 year with the above named ISD on the GP,GS continuation grant in the following ways (check all that apply):

- ☐ Review and support of the 2006-2007 written GP,GS continuation plan.
☐ Providing GP,GS program services to families: _____

☐ Serving on a collaborative project oversight and decision-making body related to implementation.
☐ GP,GS program outreach to the community: _____

☐ Referrals of families to the GP,GS program: _____

☐ Other: _____

